

IN THE CHANCERY COURT FOR HAMILTON COUNTY, TENNESSEE

N0. 02-0079

PART 1

CLAIM N0. _____

PROOF OF CLAIM (POC Form 1)

ALL CLAIMS MUST BE FILED NOT LATER THAN 4:00 PM (EASTERN TIME) ON APRIL 19, 2002.
 FILE AT: CLERK & MASTER, HAMILTON COUNTY COURTHOUSE, STE 300, 201 E. 7TH ST., CHATTANOOGA, TN 37402

PART 1. EMPLOYEE.

1.1 Name _____ 1.2 DOB _____

1.3 Street Address _____ 1.4 Apartment # _____

1.5 City _____ 1.6 State _____ 1.7 Zip _____

1.8 Daytime Tel. (____) _____ 1.9 After hours Tel. (____) _____ 1.10 Other Tel. (____) _____

PART 2. ATTORNEY. Do you have an attorney representing you? ☐ NO ☐ YES If YES, complete PART 2.

2.1 Name _____ 2.2 BPR # _____

2.3 Law Firm _____

2.4 Address _____ 2.5 City _____ 2.6 State _____ 2.7 Zip _____

2.8 Tel (____) _____ Ext. _____ 2.9 Fax (____) _____ 2.10 Other (____) _____

2.11 E-mail _____

PART 3. INJURY. You must complete PART 3. for each separate date of injury. Attach POC Form 2 as necessary.

3.1 Injury date _____ 3.2 Employer when Injured _____

3.3 Nature of injury (carpal tunnel, broken arm, etc.) _____

3.4 Injury reported to employer? ☐ NO ☐ YES 3.5 Date Reported _____ 3.6 To Whom _____

3.7 Date first worked for employer _____ 3.8 Date last worked for employer _____

3.9 Hourly wage at time of injury _____ 3.10 COMP Rate at time of injury _____

3.11 Have you received any benefits to date. ☐ NO ☐ YES 3.11 If YES, describe _____3.12 Benefits requested: ☐ Temporary Disability ☐ Permanent Disability ☐ Current Medical Care ☐ Future Medical Care(✓ all that apply) ☐ Other _____ **Attach POC Form 3 for each benefit requested.**PART 4. DOCTOR. You must complete PART 4. for each treating Doctor of each injury. Attach POC Form 2 as necessary.

4.1 Name _____ 4.2 City _____

4.3 Restrictions? ☐ NO ☐ YES 4.4 Describe _____4.5 Have you been released by the treating Doctor: ☐ NO ☐ YES 4.6 Date Released _____4.7 Has Doctor said you have reached Maximum Medical Improvement (MMI)? ☐ NO ☐ YES 4.8 Date Reached _____4.9 Has Doctor given you a Permanent Medical Impairment (PMI)? ☐ NO ☐ YES 4.10 What percent (%) _____

4.11 To what part of your body _____

PART 5. LAWSUITS. You must complete PART 5. for each legal action regarding each claim. Attach POC Form 2 as necessary.

5.1 Court where action was filed _____ 5.2 Docket Number of Action _____

5.3 Date action was filed _____ 5.4 Status (i.e., dismissed, pending, judgment entered, on appeal, etc.) _____

By presenting to this PROOF OF CLAIM AGAINST BONDS, along with all attachments, to this Court, I am certifying that to the best of my knowledge, information, and belief, formed after an inquiry reasonable under the circumstances, that this claim is not being presented for any improper purpose subject to sanctions under Rule 11, Tennessee Rules of Civil Procedure. IF EMPLOYEE IS REPRESENTED BY AN ATTORNEY, BOTH MUST SIGN THIS PROOF OF CLAIM.

Date

Employee

Attorney for Employee